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Approved for use through 10/31/2000. OMB 0651-0002  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DESIGN PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	
	First Named Inventor	STEN R. GERFAST
	Title	ABUTTING CLINCH JOINING METHOD
	Express Mail Label No.	

ADDRESS TO:  
Assistant Commissioner for Patents  
Box Design  
Washington, DC 20231


**DESIGN V. UTILITY:** A "design patent" protects an article's ornamental appearance (e.g., the way an article looks) (35 U.S.C. 171), while a "utility patent" protects the way an article is used and works (35 U.S.C. 101). The ornamental appearance of an article includes its shape/configuration or surface ornamentation upon the article, or both. Both a design and a utility patent may be obtained on an article if invention resides both in its ornamental appearance and its utility. For more information see MPEP 1502.01.

APPLICATION ELEMENTS <small>See MPEP chapter 1500 concerning design patent application contents.</small>	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
3. <input checked="" type="checkbox"/> Specification <small>(Total Pages <b>5</b>)</small> <small>(preferred arrangement set forth below, MPEP 1503.01)</small> - Preamble - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Description of the figure(s) of the drawings - Feature description - Claim (only one (1) claim permitted, MPEP 1503.03)	9. <input type="checkbox"/> English Translation Document (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (37 CFR 1.152) <small>(Total Sheets <b>1</b>)</small>	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. Oath or Declaration <small>(Total Pages <input type="checkbox"/>)</small> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small>	11. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>
	13. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
	14. <input type="checkbox"/> Request for Expedited Examination of a Design Application (37 CFR 1.155) <small>(NOTE: Substitute "Box Expedited Design" for "Box Design" in the address indicated above.)</small>
	15. <input type="checkbox"/> Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_  
Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only.** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>1DON 642590</b>  or <input checked="" type="checkbox"/> Correspondence address below				
Name	STEN R. GERFAST			
Address	1802 VALLEY CURVE ROAD			
City	MENDOTA HEIGHTS	State	MN	Zip Code 55118
Country	U.S.A.	Telephone	651-454-1923	Fax 651-454-1923

Name (Print/Type)	STEN R. GERFAST	Registration No. (Attorney/Agent)	
Signature	Sten R. Gerfast	Date	Nov 10 2003

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17497 U.S. PTO  
10/706416





17414 U.S. PTO

## PATENT APPLICATION

ABUTTING CLINCH JOINING METHOD

PTO/SS 11-100

Approved for use through 10/31/2002. OMS 0051 11-100

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL  
for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 375.00

Complete if Known

Application Number	
Filing Date	NOV 10 2003
First Named Inventor	STEN R. GERFAST
Examiner Name	
Group Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

1. BASIC FILING FEE

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	375
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 375

## 2. EXTRA CLAIM FEES

Total Claims  Extra Claims  Fee from below  Fee Paid

Independent Claims  Fee from below  Fee Paid

Multiple Dependent  Fee from below  Fee Paid

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
105	80	205	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_


\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0

## SUBMITTED BY

Name (Print Type)	STEN R. GERFAST	Registration No. (Attorney/Agent)		Complete if applicable
Signature	Sten R. Gerfast	Telephone	651-454-1923	Date
				NOV 10 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PTO/SB/21 (02-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	
	Filing Date	<b>NOV 10 2003</b>
	First Named Inventor	<b>STEN R. GERFAST</b>
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	

<b>ENCLOSURES</b> <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<div>Remarks</div>		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	
Signature	
Date	

<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <b>NOV 10 2003</b>			
Typed or printed name	<b>STEN R. GERFAST</b>		
Signature	<b>Sten R. Gerfast</b>	Date	<b>NOV 10 2003</b>

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